Paglistof SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:____
DATE FILED:_01/09/2023

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

JULIO PRADO,

Petitioner.

-against-

UNITED STATES OF AMERICA,

Respondent.

22-CV-10810 (VEC)

ORDER DIRECTING PAYMENT OF FEES OR IFP APPLICATION

VALERIE CAPRONI, United States District Judge:

Petitioner, who is incarcerated at FCI Ray Brook, brings this *pro se* action in which he seeks relief under Rule 41(g) of the Federal Rules of Criminal Procedure. To proceed with a civil action in this court, Petitioner must either pay \$402.00 in fees – a \$350.00 filing fee plus a \$52.00 administrative fee – or request authorization to proceed *in forma pauperis* ("IFP"). If the IFP application is granted, he will not be required to prepay the filing fee. In order to proceed IFP, Petitioner must submit an IFP application and a prisoner authorization. See 28 U.S.C. \$\\$ 1914, 1915.

Petitioner submitted his Rule 41(g) motion in his criminal case, but he did not include an IFP application and prisoner authorization, or pay the filing fees. By order dated December 21, 2022, the Court directed the Clerk of Court to open a new civil action. *See* Order, Dkt. 2.

¹ The Prison Litigation Reform Act requires a court to collect the \$350.00 filing fee in installments deducted from a prisoner's account. *See* 28 U.S.C. § 1915(b)(1). A prisoner seeking to proceed in this court without prepayment of fees must therefore authorize the court to withdraw these payments from his account by filing a "prisoner authorization," which directs the facility in which the prisoner is incarcerated to deduct the \$350.00 filing fee from the prisoner's account in installments and to send to the Court certified copies of the prisoner's account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). The \$52.00 administrative fee for filing a civil action does not apply to persons granted IFP status under 28 U.S.C. § 1915.

CONCLUSION

Accordingly, the Court directs Petitioner to pay \$402.00 in filing fees or to submit an IFP

application and prisoner authorization (attached to this Order), not later than Wednesday,

February 8, 2023. If Petitioner submits an IFP application, it must be labeled with docket

number 22-CV-10810 (VEC). If the Court grants the IFP application, Petitioner will be

permitted to proceed without prepayment of fees. See 28 U.S.C. § 1915(a)(1).

No responsive pleading is required at this time. If Petitioner complies with this Order,

the case shall be processed in accordance with the procedures of the Clerk's Office. If Petitioner

fails to comply with this Order within the time allowed, the action will be dismissed.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would

not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. Cf.

Coppedge v. United States, 369 U.S. 438, 444-45 (1962) (holding that appellant demonstrates

good faith when seeking review of a nonfrivolous issue).

The Clerk of Court is respectfully directed to mail a copy of this Order to Mr. Prado at

Reg. No. 32653-069, FCI Ray Brook, 128 Ray Brook Road, Ray Brook, NY 12977, and to note

the mailing on the docket.

SO ORDERED.

Dated:

January 9, 2023

New York, New York

VALERIE CAPRONI

United States District Judge

2

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(full name of the plaintiff or petitioner applying (each person must submit a separate application))		CV		()	()			
	-against-	(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)								
(fu	II name(s) of the defendant(s)/respondent(s))									
	APPLICATION TO PROCEED WITHO	OUT PREPAYI	NG FEES (OR CO	ST	S				
ano	m a plaintiff/petitioner in this case and declare that I d I believe that I am entitled to the relief requested in occed in forma pauperis (IFP) (without prepaying fees ee:	this action. In sup	port of this a	pplicati	on t	0				
1.	Are you incarcerated? Yes I am being held at:	☐ No (If	"No," go to	Questio	n 2.)					
	Do you receive any payment from this institution?	Yes	No							
	Monthly amount:									
	If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.									
2.	Are you presently employed?	☐ No								
	If "yes," my employer's name and address are:									
	Gross monthly pay or wages:									
	If "no," what was your last date of employment?									
	Gross monthly wages at the time:									
3.	In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.									
	(a) Business, profession, or other self-employment (b) Rent payments, interest, or dividends		Yes Yes		No No					

SDNY Rev: 8/5/2015

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(full	name of the plaintiff/petitioner)	CV		() (
	-against-	(Provide docket number, if a	(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)						
(full	name(s) of the defendant(s)/respondent(s))								
	PRISONER	AUTHORIZATION							
Ву	signing below, I acknowledge that:								
(1)	1) because I filed this action as a prisoner, I am required by statute (28 U.S.C. § 1915) to pay the full filing fees for this case, even if I am granted the right to proceed <i>in forma pauperis</i> (IFP), that is, without prepayment of fees;								
(2)	(2) the full \$350 filing fee will be deducted in installments from my prison account, even if my case is dismissed or I voluntarily withdraw it.								
Ιaι	thorize the agency holding me in custoo	dy to:							
(1)	(1) send a certified copy of my prison trust fund account statement for the past six months (from my current institution or any institution in which I was incarcerated during the past six months);								
(2)	2) calculate the amounts specified by 28 U.S.C. § 1915(b), deduct those amounts from my prison trust fund, and disburse those amounts to the Court.								
	s authorization applies to any agency in er district court to which my case may b		sferre	d and t	to any				
Dat	e	Signature							
Nar	ne (Last, First, MI)	Prison Identif	cation	#					
Add	lress	City State	<u>.</u>	Zip Co	de				

SDNY Rev. 10/26/16

¹ A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).

	(c) Pension, annuity, or life insu				Yes	[No	
	(d) Disability or worker's compe	ensation paymer	nts	Ц	Yes	L	_	No	
	(e) Gifts or inheritances	omployment co	ocial cocurity	Ш	Yes	L		No	
	(f) Any other public benefits (ur food stamps, veteran's, etc.)	iempioyment, sc	ciai security,		Yes			No	
	(g) Any other sources				Yes	[No	
	If you answered "Yes" to any que money and state the amount that								
	If you answered "No" to all of th	ne questions abov	ve, explain how y	you a	re pay	ying your e	expe	enses:	
4.	How much money do you have	uch money do you have in cash or in a checking, savings, or inmate account?							
5.	Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:							fso,	
6.	Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:								
7.	List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):						W		
8.	Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:						ved		
<i>Declaration:</i> I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.									
Da	ted	-	Signature						
Na	me (Last, First, MI)		Prison Identificati	on # (i	f incard	cerated)			
	V 24 1					,			
Ad	dress	City	St	tate		Zip Code			
To	enhone Number	-	F-mail Address (if	availa	hle)				